

57408

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002336**

SFUND RECORDS CTR
999000936

GENERATOR (Generator Must Complete) ② Name ALUMINUM CO. OF AMERICA - VERNON WORKS EPA NO. C A D 0 7 4 1 2 6 6 8 1 Address 5151 ALCOA AVE. Phone No. 588-6141 City, State, Zip VERNON, CA 90058	③ Designated TSD Facility (Authorized to operate under an approved state program or federal program) Name OPERATING INDUSTRIES INC. EPA NO. C A D 0 8 0 0 1 2 0 2 4 Address 900 N. POTRERO GRANDE DR. City, State, Zip MONTEREY PARK, CA.	④ Alternate TSD Facility Name CHEMICAL WASTE MANAGEMENT INC. EPA NO. C A T 0 0 0 6 4 6 1 1 7 Address P.O. BOX 1104 430 W. ELM AVE. City, State, Zip COALINGA, CA. 93210
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⑤ U.S. DOT PROPER SHIPPING NAME WASTE WASTE	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER
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⑥ WASTE CATEGORY #7 LIST COMPONENTS: ⑨ A. _____ B. _____ C. _____ D. _____	CONC. UPPER RANGE LOWER UNITS	⑦ EX. HAZ. WASTE PERMIT NO.	⑧ GENERATING PROCESS ALUMINUM FABRICATION CONC. UPPER RANGE LOWER UNITS	E. _____ F. _____ G. _____ Non Hazardous Material 100 %
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⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **ALUMINUM OXIDES & WATER**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

Signature of Authorized Agent and Title

Date Shipped **10-9-81**

TRANSPORTER (HAULER MUST COMPLETE) ⑭ NAME ASBURY OIL CO. EPA NO. C A D 0 2 8 2 7 7 0 3 6 ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249	⑮ PICK-UP DATE 10-9-81 TIME 5:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM ⑯ 10-8-81 Signature of Authorized Agent and Title Date
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TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) ⑰ NAME OPERATING INDUSTRIES INC. ⑱ QUANTITY (If Measured) 100 BB EPA NO. C A T 0 8 0 0 1 2 0 2 4 ⑲ STATE FEE (If Any) PHONE NO. _____ ⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: ㉒ NAME _____ EPA NO. _____	㉑ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer ㉓ 10-9-81 Signature of Authorized Agent and Title Date Accepted
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